

G63245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

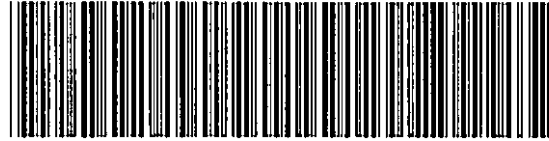
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Field Clinic of Chiropractic, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** GL3245

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas J Field, D.C.  
Name of Contact Person

Field Clinic of Chiropractic, P.A.  
Firm/Company

399 Camino Gardens Blvd. Ste. 200  
Address

Boca Raton, FL 33432  
City/State and Zip Code

fieldclinic@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J Field at ( 561 ) 368-0009  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Field Clinic of Chiropractic, P.A.
2. The principal office address: 399 Camino Gardens Blvd. Ste. 200  
Boca Raton, FL 33432
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/30/1983 Document number: G63245
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Thomas J. Field  
1001 S.W. 2<sup>nd</sup> Ave. Ste. 1000  
Boca Raton, FL 33432

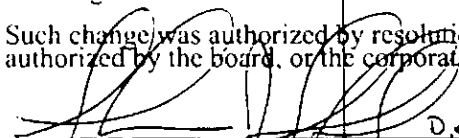
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas J. Field  
399 Camino Gardens Blvd. Ste. 200  
Boca Raton, FL 33432

P.O. Box NOT acceptable

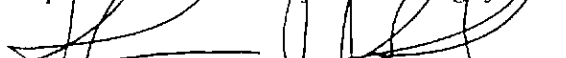
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Thomas J. Field, Owner  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

9/23/2022  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)